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**DEPARTMENT OF PUBLIC SOCIAL SERVICES**

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November 28, 2006

TO: Each Supervisor

FROM: Bryce Yokomizo, Director

SUBJECT: **PROGRESS REPORT ON DPSS IMPLEMENTATION OF THE  
CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CIMH) ACTION PLAN**

This is to provide you with an update on DPSS activities relative to the CIMH Action Plan. A copy of the plan is attached for your reference.

**BACKGROUND**

The CIMH Action Plan was created in response to the findings of the study: "Outcomes of CalWORKs Supportive Services in Los Angeles County," published by CIMH in January 2005. The plan contains specific action items focused on program enhancements as it relates to the following four key areas of service access and delivery: 1) Identification and Referral; 2) Engagement; 3) Completion; and 4) Outcomes. The plan was created through a collaborative process by the CIMH Implications Workgroup, comprised of representatives from the Commission for Public Social Services' Committee on Review and Evaluation of CalWORKs (CORE), advocates, service providers, partnering departments, and DPSS Managers.

**STATUS REPORT**

The CIMH Action Plan contains items ranging from short-term strategies to long-term strategies. We provided you with a status update on the short-term and mid-term strategies in our May 2006 and August 2006 reports, respectively. This report will provide an update on: 1) the two outstanding items in the mid-term range; and 2) the long-term strategy under the focus area of "Engagement" as follows:

## **OUTSTANDING ISSUES – MID-TERM STRATEGY**

### **I. Focus Area: Identification and Referral**

- Action Item C - The Department continues to explore the feasibility of producing a video in all threshold languages to provide Supportive Services Section (SSS) information to the non-English and non-Spanish speaking population. In this effort, the Department is collaborating with the Department of Mental Health (DMH) on assessing various production options and identifying potential contractors.

### **IV. Focus Area: Outcomes**

- Action Item A - The Department is in the process of creating unique Welfare-to-Work (WtW) activities and employment opportunities focused on supporting participants with SSS needs to secure initial employment and gradually advance in their career, reaching self-sufficiency. These activities consist of: 1) a Peer Mentor Program, which would allow DPSS/other county departments or service providing agencies to hire former SSS participants who have successfully completed their SSS program as Peer Mentors in an entry level position; and 2) a Specialized Work Experience Program (SWEX), which would allow participants with SSS needs to begin engaging in an activity to gain some work experience, for a limited number of hours based on their level of functioning, and increase their number of participation hours as they progress.

## **LONG-TERM STRATEGY**

### **II. Focus Area: Engagement**

- Action Item D - The Department continues to work with its partnering county departments to align existing resources to better meet CalWORKs caseload needs and expedite participant access into WtW activities, ultimately leading to self-sufficiency. These activities range from implementing an upfront dual assessment process consisting of a clinical assessment to assess participants' SSS need and functioning level, paired with a vocational assessment to assess participants' career history and employability, to implementing a case progress review process which consists of a team approach, centered on the ongoing exchange of information between the treatment provider, the participant and DPSS staff, at set intervals, to evaluate participant progress. Through these initiatives, the Department will be better equipped to address the needs of participants and assist them in remaining engaged in services to achieve employment and their treatment goals.

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### **REPORTS TO THE BOARD**

As Departmental commitments resulting from the CIMH Action Plan have been completed, our quarterly status reports to your Board on activities related to the CIMH Action Plan will sunset with this final report.

BY:tg

Enclosure

c:     **Chief Administrative Officer**  
         **County Counsel**  
         **Executive Officer, Board of Supervisors**  
         **Chairman, Commission for Public Social Services**  
         **Director, Department of Mental Health**  
         **Director, Department of Public Health**  
         **Director, Community and Senior Services**

**CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CIMH)  
POLICY IMPLICATIONS WORKGROUP**

**ACTION PLAN**

**FOCUS AREA: IDENTIFICATION AND REFERRAL**

- I. **RESEARCH FINDING:** 8% of Welfare-to-Work participants are referred to Specialized Supportive Services (SSS). Between 50-75% of participants are receiving services for the first time.

**ACTIONS**

- A. **Provide multiple opportunities for self-disclosure, screening and assessment over time.**

*Participants may not feel comfortable disclosing a service need at initial contact; therefore, participants should be constantly made aware of the availability of services and the opportunity to access them.*

*\*Short-Term Goal*

- B. **Provide detailed and specific information regarding the benefits of being screened and/or treated for Specialized Supportive Services and provide in depth information on the compliance process, good cause criteria, and exemptions.**

*Participants are often unclear of what accessing service means. This may result in unnecessary fear of being subject to negative consequences, such as being sanctioned, etc. By providing a clear overview of the nature and scope of treatment activities, including the option to receive welfare-to-work exemptions/good cause while receiving Specialized Supportive Services, a participant may be more likely to agree to access the needed services.*

*\*Mid-Term Goal*

- C. **Identify participants regardless of existing barriers to employment such as, physical disabilities, ethnic, cultural, and/or linguistic backgrounds.**

*Although services are available, non-English/non-Spanish speaking participants may often face greater stigmas and be reluctant to disclose service needs. Also, participants who cycle on and off employment, or are physically disabled, may be more likely to have Specialized Supportive Services needs. Targeting outreach efforts toward these populations may increase identification, referral, and access to services.*

*\*Mid-Term Goal*

- D. **Outreach to sanctioned participants to ensure the sanction was not imposed as a result of unidentified Specialized Supportive Services need.**

*Specialized Supportive Services needs may be a barrier to participation, resulting in a participant being sanctioned. Outreach to sanctioned individuals can identify service needs, connect participants to appropriate services and reverse sanctions.*

*\*Mid-Term Goal*

**CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CIMH)  
POLICY IMPLICATIONS WORKGROUP**

**ACTION PLAN**

**FOCUS AREA: IDENTIFICATION AND REFERRAL** (continued)

- I. **RESEARCH FINDING:** 8% of Welfare-to-Work participants are referred to Specialized Supportive Services (SSS). Between 50-75% of participants are receiving services for the first time.

**ACTIONS**

- E. **Provide and monitor ongoing comprehensive training to all staff. Training should encompass Specialized Supportive Services policy and procedures, mandated reporting requirements, confidentiality, cultural awareness, and motivational interviewing to dispel stigmas associated with service access. Training should reemphasize the uniform Departmental message focusing on the belief that services are vital and necessary.**

*Further increasing staff awareness and sensitivity, as well as reinforcing program policy/procedures will contribute toward enhanced case management*

*\*Mid-Term Goal*

- F. **Establish a subgroup to evaluate the screening instrument/process and assess the possibility of developing a separate screening instrument to be utilized solely for participants at points of failure, such as noncompliance or sanction.**

*Participants who are unable to successfully participate may need a more in-depth screening to identify service needs. Ensuring that the screening instrument/process is comprehensive, and identifies special accommodations that may be needed by a participant, will likely increase identification of service needs.*

*To Be Determined During Subgroup Process*

- G. **Explore making additional space available in district/regional offices where participants can discuss potential needs for Specialized Supportive Services in privacy.**

*Participants are more likely to discuss a need for services in a more private environment.*

*\*Short-Term Goal*

- H. **Establish a subgroup to modify the Community Assessment Service Center (CASC) Process.**

*The subgroup will focus on the overall function of CASC and will assess its role in relation to enhanced service delivery.*

*To Be Determined During Subgroup Process*

\*Note: Goals are defined as follows:

Short-Term: 1-4 months / Mid-Term: 5-8 months / Long-Term: 9+ months

**CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CIMH)  
POLICY IMPLICATIONS WORKGROUP**

**ACTION PLAN**

**FOCUS AREA: ENGAGEMENT**

- II. RESEARCH FINDING:** Engaging and retaining participants in service continues to be most challenging in Supportive Services. Programs need to make services available, accessible and convenient to better address participant needs.

**ACTIONS**

- A. Where space is available, explore on-site child care in district/regional offices and/or drop-off child care arrangements.**

*Having children present during the interview process discourages participants from disclosing service needs or discussing sensitive issues. In addition, having drop-in child care available will support participants who are scheduled to attend one-day activities such as GAIN Orientation or Clinical Assessment.*

*\*Short-Term Goal*

- B. Reinforce and strengthen written instructions on existing program policy with focus on maximizing participant's access to child care, transportation, clock stoppers, good cause determinations, and exemptions.**

*Reinforcing program policy/procedures will contribute toward enhanced case management and engagement in scheduled activities.*

*\*Short-Term Goal*

- C. Ensure that a uniform definition of completion is used by both Specialized Supportive Services contracted providers and Specialized Supportive Services GAIN Services Workers (GSW).**

*By having a clear understanding of the participant's treatment goal and participation status, the GSW can encourage the participant to remain engaged in services as necessary.*

*\*Short-Term Goal*

- D. Expand the number of CalWORKs-contracted service providers to be able to increase the availability of providers able to serve participants with co-occurring disorders, eliminate wait time to services, and address all the threshold language needs.**

*Participants will remain engaged in services if providers offer flexible programs and pay attention to participant needs (i.e., non-traditional business hours, transportation, activities for children and families, etc.)*

*\*Long-Term Goal*

**CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CIMH)  
POLICY IMPLICATIONS WORKGROUP**

**ACTION PLAN**

**FOCUS AREA: ENGAGEMENT** (continued)

- II. RESEARCH FINDING:** Engaging and retaining participants in service continues to be most challenging in Supportive Services. Programs need to make services available, accessible and convenient to better address participant needs.

**ACTIONS**

- E. Institute team of DPSS staff with a Masters Degree in Social Work (MSW) to increase professional competency of Eligibility Workers and GAIN Services Workers to be able to effectively engage participants around highly personal and sensitive issues.**

*Providing Eligibility Workers and GAIN Services Workers with a professional resource to consult with will assist staff in gaining a better understanding of the dynamics of treatment and thus encourage a more supportive case management relationship focused on service engagement and completion.*

*\*Short-Term Goal*

- F. To encourage access of substance abuse services, eliminate the mandatory nature of treatment.**

*Removing the mandatory aspect of accessing services will eliminate the fear that failure to complete treatment services will automatically result in welfare-to-work sanction.*

*\*Short-Term Goal*

**FOCUS AREA: COMPLETION**

- III. RESEARCH FINDING:** A higher percentage of participants complete the supportive services component for which they were referred, than complete specific episodes of services.

**ACTIONS**

- A. Implement ongoing team building meetings between Provider and District/Regional staff to enhance communication, including identification of liaison in each District/Region, and ongoing cross-training between providers and District/Regional staff.**

*Working together as a team, service providers and Eligibility Workers/GAIN Services Workers can be better coordinated to identify and eliminate barriers to participation, and convey a united message to the participant and encourage completion of services.*

*\*Short-Term Goal*

**CALIFORNIA INSTITUTE FOR MENTAL HEALTH (CIMH)  
POLICY IMPLICATIONS WORKGROUP**

**ACTION PLAN**

**FOCUS AREA: OUTCOMES**

- IV. RESEARCH FINDING:** Participants who are in services for a long time, or complete services, show positive changes. Participants discharged show positive changes in their primary problems. 20% of participants receiving services are working and at least two-thirds are engaged concurrently in some employment related activity.

**ACTIONS**

- A. Explore unique Welfare-to-Work activities and employment opportunities focused on supporting participants with Specialized Supportive Services to secure initial employment and advancement opportunities which will lead to self-sufficiency.**

*Activities developed specifically for participants with Specialized Supportive Services needs will provide a more nurturing and supportive environment.*

*\*Mid-Term Goal*

- B. Develop mechanism to accurately determine service access among the CalWORKs population and enhance monitoring by establishing benchmarks on referrals, engagement, and outcomes.**

*A significant percentage of the CalWORKs population voluntarily choose to access services through alternative means such as Medi-Cal. The aggregate number of CalWORKs participants utilizing services can be compared to the estimated prevalence rate, to further assess program effectiveness.*

*\*Mid-Term Goal*